

## GEORGIA AUCTIONEERS COMMISSION

237 Coliseum Dr.  
Macon, GA 31217  
404-424-9966  
www.sos.ga.gov/plb

### Application for Auction Company License

I am applying for (select one):

☐ Initial Auction Company License - \$200 non-refundable fee + \$10 processing fee **payable to Auctioneers Commission**  
☐ Mandatory Contribution to Auctioneer Recovery Fund - \$150.00 made **payable to Recovery Fund**  
(Send 2 checks with application – one for license fee \$200 + \$10 processing fee and one for recovery fund \$150)  
☐ Reinstatement of License # \_\_\_\_\_ - Fee: \$400 non-refundable reinstatement fee + \$10 processing fee **payable to Auctioneers Commission**

Trade Name/DBA Name: \_\_\_\_\_ Fed. Emp. ID #: \_\_\_\_\_

Email Address: (required for notifications from the Commission): \_\_\_\_\_

#### Mailing Address:

\_\_\_\_\_  
Street / PO Box

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Business Telephone

#### Physical Location Address (will appear on license and on SOS website):

\_\_\_\_\_  
Address (cannot use PO Box for this address)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
County

Applicant's Name: \_\_\_\_\_ Position with Company: \_\_\_\_\_  
First, Middle, Last, Suffix

Social Security No.\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth\*\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
\*this information is authorized to be obtained & disclosed to State and Federal Agencies pursuant to O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 1001 \*\*applicant must be at least 18 years old to qualify for licensure City, State, Country

Gender: \_\_\_\_ Male \_\_\_\_ Female

Georgia Resident: \_\_\_\_ Yes \_\_\_\_ No

#### Licensed Georgia Auctioneer That the Company Will Employ (if more than one, attach additional pages):

\_\_\_\_\_  
Name Auctioneer License # Phone Number

\_\_\_\_\_  
Address (cannot use PO Box for this address)

\_\_\_\_\_  
City, State, Zip

# GEORGIA AUCTIONEERS COMMISSION

## Application for Auction Company License

### Ownership / Relationship Information

#### SOLE PROPRIETORSHIP

Owner Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

#### CORPORATIONS & LIMITED LIABILITY COMPANIES

Date Registered with Georgia Secretary of State: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

##### Principal Officers:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

#### PARTNERSHIPS

##### Partners:

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
STREET(NOT A P.O. BOX), CITY, STATE, ZIP TELEPHONE

(attach additional pages if needed)

**GEORGIA AUCTIONEERS COMMISSION**  
**Application for Auction Company License**

**THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE APPLICANT FOR THE COMPANY:**

- |   |            |           |
|---|------------|-----------|
| <p>1. <u><b>Arrest, conviction, sentence:</b></u> Have you ever been arrested, convicted, or sentenced for any felony, misdemeanor, DWI, DUI, or any other offense? If so, attach a complete list of <b>all</b> convictions detailing dates and locations where such convictions occurred, <b>including certified court dispositions</b>. <u>Failure to provide complete and true information as requested allows the board to refuse to grant a license (O.C.G.A. § 43-1-19(a)(2)) and if license has already been granted, allows the board to immediately suspend that license(O.C.G.A. § 43-6-18(9)).</u></p>   | <b>YES</b> | <b>NO</b> |
| <p>2. <u><b>Pleas and First Offender:</b></u> Have you ever pled guilty or nolo contendere, or received first offender treatment for any felony, misdemeanor, DWI, DUI, or any other? If so, attach a complete list of <b>all</b> nolo contendere pleas, or crimes for which you have received first offender treatment, detailing dates and locations where such nolo pleas, or first offender treatments occurred, <b>including certified court dispositions</b>. <u>Failure to provide complete and true information as requested allows the board to refuse to grant a license (O.C.G.A. § 43-1-19(a)(2)) and if license has already been granted, allows the board to immediately suspend that license(O.C.G.A. § 43-6-18(9)).</u></p> | <b>YES</b> | <b>NO</b> |
| <p>3. <u><b>License revocation, suspension, sanction:</b></u> Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency, or have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in any state, including Georgia? <b>If so, attach explanation and certified copies of all disciplinary documents.</b></p>  | <b>YES</b> | <b>NO</b> |

**ESCROW / TRUST ACCOUNT INFORMATION**

O.C.G.A § 43-6-11.1(D) requires that an Auction Company maintain at all times an active trust account and must register such account with the Georgia Auctioneers Commission.

Complete the following authorization permitting a duly authorized representative of the Auctioneers Commission to examine the escrow or trustee account, when so directed by the Commission.

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Name as it Appears on the Account

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Name of Bank

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Account #

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Bank Address (street, city, state, zip)

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## GEORGIA AUCTIONEERS COMMISSION

### AFFIDAVIT OF THE APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Auctioneers Commission, and I agree to abide by these laws and rules, as amended from time to time. I hereby authorize the Georgia Auctioneers Commission and/or authorized representative of the Georgia Auctioneers Commission to examine any information concerning the escrow/trust account noted in this application.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document referenced on our website, [www.sos.ga.gov/plb](http://www.sos.ga.gov/plb), under QuickLinks.**

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Auctioneers Commission and/or criminal prosecution.

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT FOR THE COMPANY

SUBSCRIBED AND SWORN TO BEFORE ME  
THIS \_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
DATE

**GEORGIA AUCTIONEERS COMMISSION**

**\*\*\*NON-RESIDENT AUCTION COMPANY APPLICANTS ONLY\*\*\***

**DESIGNATION OF AGENT  
FOR THE SERVICE OF PROCESS**

KNOW ALL MEN BY THESE PRESENTS:

The undersigned \_\_\_\_\_ being an applicant for licensure as a non-resident Auction Company in the State of Georgia, does hereby irrevocably designate and appoint the Division Director, Professional Licensing Division, State of Georgia, as its agent for the purpose of accepting service of any and all process issued by any court located within the State of Georgia, as well as service of all pleadings and other papers, relating in any way to any action, suit or legal proceeding arising out of or pertaining to its duties or responsibilities as an Auction Company in the State of Georgia. The undersigned further consents, stipulates and agrees that any lawful process served upon the aforesaid agent shall have the same legal force and validity as if served upon the undersigned personally within the State of Georgia and that the authority contained here shall continue in force and effect so long as any liability against the undersigned remains outstanding in the State of Georgia.

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant for Company

\_\_\_\_\_  
Printed Name of Applicant for Company

State of \_\_\_\_\_, County of \_\_\_\_\_

The above-named personally appeared before the undersigned Notary Public in and for the above-named County and State, the day and date above-named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of such applicant for the purposes therein set forth.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

SEAL

\_\_\_\_\_  
NOTARY PUBLIC  
MY COMMISSION EXPIRES: \_\_\_\_\_

**Georgia Bureau of Investigation  
Georgia Crime Information Center**

**CONSENT FORM**

I hereby authorize **The Georgia Auctioneers Commission** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Address, City, State, County, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice applicant's Privacy Rights and the Privacy Act Statement (title 28 United States Code § 534).

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

-----  
Special employment provisions (check if applicable):

☐ Employment with mentally disabled (Purpose code "M")

☐ Employment with elder care (Purpose code "N")

☐ Employment with children (Purpose code "W")

**Select one of the following (required):**

☐ This authorization is valid for   90 days /   180 days /        days from date of signature.

☐ I, \_\_\_\_\_, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.